

TELEPHONE :  
NORTH 687

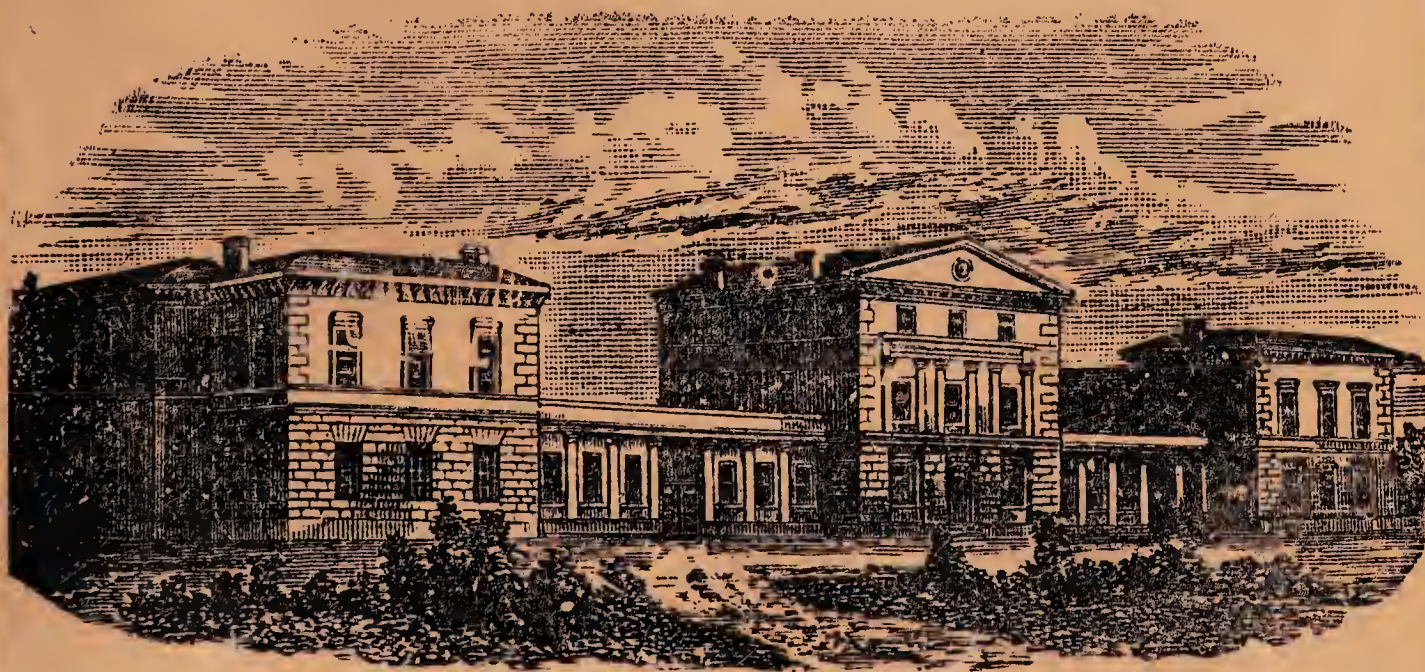
TELEGRAMS :  
FEVER HOSPITAL,  
ISLINGTON.

One Hundred and Twentieth Report  
OF THE  
**LONDON FEVER HOSPITAL**

(ESTABLISHED 1802)

Liverpool Road, Islington, N.1.

*For the Year ended 31st December, 1921.*



1922

*Secretary:—*Commander T. J. FARRELL, D.S.C.



---

OWING to the great increase in the cost of printing and stationery the Committee are reluctantly compelled to discontinue the publication of the list of Subscribers and Donors, but this record is maintained in the Secretary's Office.

---

## FORM OF BEQUEST.

The following form is recommended to those who may be disposed to become benefactors by will:—

*I give and bequeath to the Treasurer, for the time being, of the LONDON FEVER HOSPITAL, Liverpool Road, Islington, established in 1802, to be applied for the purposes of the Institution, the sum of \_\_\_\_\_ pounds, free of Legacy Duty (if so desired). The receipt of such Treasurer to be a sufficient discharge.*

SUBSCRIPTIONS ARE RECEIVED BY—

THE NATIONAL PROVINCIAL & UNION BANK OF ENGLAND, LTD.  
(Prescott's Office) 50, Cornhill, E.C. 3.

Messrs. HOARE & Co., 37, Fleet Street, E.C. 4.

Messrs. DRUMMOND & Co., 49, Charing Cross, S.W. 1.

Messrs. COUTTS & Co., 440, Strand, W.C. 2.

The Secretary at the Hospital.



**PATRON :**

HIS MAJESTY KING GEORGE V.

**PRESIDENT :**

THE RT. HON. LORD MUIR MACKENZIE, G.C.B., K.C.

**VICE-PRESIDENTS :**

Sir Thomas Barlow, Bart., K.C.V.O.  
M.D., F.R.C.P.

His Grace The Archbishop of  
Canterbury.

Sir M. D. Chalmers, K.C.B., C.S.I.

J. Harley, Esq., M.D., F.R.C.P.

Sir Edward Henry, Bart., G.C.V.O.,  
K.C.B., C.S.I.

Jas. Chas. Marshall, Esq.

The Rt. Hon. Lord Monteagle.

Lt.-Col. Sir Shirley Murphy, K.B.E.

Capt. F. T. Penton, D.L., J.P.

Gen. The Rt. Hon. Sir D. M. Probyn,

V.C., G.C.V.O., G.C.B., K.C.S.I.

Keith D. Young, Esq., F.R.I.B.A.

**HONORARY TREASURER :**

Sir FELIX O. SCHUSTER, Bart.

**TRUSTEES OF THE ESTATE :**

THE NATIONAL PROVINCIAL AND UNION BANK OF ENGLAND, LIMITED.

**TRUSTEES OF THE FUNDS :**

Sir FELIX O. SCHUSTER, Bart.

The Hon. ALGERNON HENRY MILLS,

GRANVILLE EDWARD BROMLEY BROMLEY-MARTIN, Esq.

**HONORARY SECRETARY :**

Sir CHARLES STEWART, K.B.E.

**COMMITTEE :**

Sir George S. Buchanan, K.C.B.,  
M.D.

Rear Admiral S. R. Drury-Lowe,  
R.N., C.M.C.

Mrs. Farmer

Major-Gen. W. H. Grey, C.B., C.M.G.

Capt. O. Lyttleton, D.S.O., M.C.

The Hon. Mrs. M. Muir Mackenzie.

Sir Bernard Mallet, K.C.B.

Geo. Ed. Mead, Esq.

Sir Malcolm Morris, K.C.V.O.,  
F.R.C.S.

The Rt. Hon. Sir George H. Murray,  
P.C., G.C.B., I.S.O.

Edward Norman, Esq.

Sir Charles J. Stewart, K.B.E.

H. J. Turner, Esq.

## STAFF.

### CONSULTING PHYSICIANS :

JOHN HARLEY, ESQ., M.D., F.R.C.P., Beedings, Pulborough, Sussex.

SIDNEY PHILLIPS, ESQ., M.D., F.R.C.P., 3, Upper Brook Street,  
Grosvenor Square, W. 1.

### PHYSICIANS :

Col. WM. HUNTER, C.B., M.D., F.R.C.P., 103, Harley Street, W. 1.

CHAS. RD. BOX, ESQ., M.D., F.R.C.P., 2, Devonshire Place, W. 1.

### ASSISTANT PHYSICIANS :

SIR JOHN F. H. BROADBENT, Bart., M.A., M.D., F.R.C.P.,  
35, Seymour Street, W. 1.

Col. SIR WILLIAM WILLCOX, K.C.I.E., C.B., M.D., F.R.C.P.,  
40, Welbeck Street, W. 1.

### SURGEON :

S. MAYNARD SMITH ESQ., C.B., M.S., F.R.C.S., 49, Wimpole Street, W. 1.

### AURAL SURGEON :

GILBERT CHUBB, ESQ., D.Sc., M.B., B.S., F.R.C.S., 4, Devonshire Place, W. 1.

### SURVEYOR :

A. H. DAVIS, Esq., F.S.I., F.I.San.E., 19, Hanover Square, W. 1.

### SOLICITORS :

Messrs. HYDE, MAHON & PASCALL, 33, Ely Place, E.C. 1.

### RESIDENT MEDICAL OFFICER :

JOHN F. MCCLEAN, ESQ., M.R.C.S., L.R.C.P.

### AUDITOR :

W. B. KEEN, ESQ., Chartered Accountant.

### MATRON :

Miss HOLROYDE, R.R.C.

### BANKERS :

THE NATIONAL, PROVINCIAL, AND UNION BANK OF ENGLAND, Limited.  
(Prescott's Office), 50, Cornhill, E.C. 3.

### SECRETARY :

Commander T. J. FARRELL, D.S.C.





INCOME.			EXPENDITURE.		
A. ORDINARY.			A. MAINTENANCE.		
I. ANNUAL SUBSCRIPTIONS			PROVISIONS.		
II. DONATIONS	...	...	1. Meat	...	...
Boxes	...	...	2. Fish, Poultry, &c.	...	...
III. KING EDWARD'S HOSPITAL FUND FOR LONDON	...	...	3. Butter, Bacon, &c.	...	...
IV. HOSPITAL SUNDAY FUND	...	...	4. Eggs	...	...
V. HOSPITAL SATURDAY FUND	...	...	5. Milk	...	...
VI. CONGREGATIONAL COLLECTIONS (apart from Hospital Sunday Fund)	...	...	6. Bread, Flour, &c.	...	...
VII. WORKMEN'S COLLECTIONS (apart from Hospital Saturday Fund)	...	...	7. Grocery	...	...
VIII. ENTERTAINMENTS	...	...	8. Vegetables and Fruit	...	...
X. INVESTED PROPERTY, &c.—	...	...	9. Malt Liquors	...	...
Dividends	...	...	10. Aerated Water and Ice	...	...
Rents	...	...	II. SURGERY AND DISPENSARY.	...	...
Commission	£61 16 4	£1,554 0 5	1. Drugs, Chemicals, Disinfectants, &c.	...	...
Property Tax	452 13 2	514 9 6	2. Dressings, Bandages, &c.	...	...
Income Tax returned	...	...	3. Instruments and Appliances	...	...
Interest on Deposit or Current Account	...	...	4. Wines and Spirits	...	...
X. NURSING INSTITUTION—	...	...	5. Sundries	...	...
Private Nurses	...	...	III. DOMESTIC.	...	...
Nurses' and Probationers' Fees	...	...	1. Renewal and Repair of Furniture	...	...
XI. RECEIPTS ON ACCOUNT OF SERVICES TO PATIENTS—	...	...	2. " " Bedding and Linen	...	...
(a) from In-Patients	...	...	3. " " Hardware, Crockery, Brushes, &c.	...	...
(b) from Out-Patients	...	...	4. Washing, done off Hospital premises (average weekly number of articles 3,661), see Return on page 9	...	...
(c) from Public Authorities	...	...	5. Cleaning and Chandlery	...	...
(d) from Approved Societies	...	...	6. Water	...	...
(e) from other sources	...	...	7. Fuel and Lighting—	...	...
XII. OTHER RECEIPTS—	...	...	(a) Coal	...	...
Sale of old materials	...	...	(b) Gas	...	...
Ambulance Hire	...	...	(c) Electric Current	...	...
Surplus on Sale of Meals, etc.	...	...	(d) Oil, Wood, &c.	...	...
Total Ordinary Income	...	...	8. Uniforms (Nurses', Porters', &c.)	...	...
	...	...	9. Sundries—Ambulance	...	...
	...	...	IV. ESTABLISHMENT.	...	...
	...	...	1. Insurance	...	...
	...	...	2. Renewals and Repairs	...	...
	...	...	3. Annual Cleaning	...	...
	...	...	4. Garden	...	...
	...	...	V. SALARIES, WAGES, &c.	...	...
	...	...	1. Medical	...	...
	...	...	2. Dispensing	...	...
	...	...	3. Nursing	...	...
	...	...	4. Other Officers	...	...
	...	...	5. Mechanics, &c.	...	...
	...	...	6. Porters	...	...
	...	...	7. Domestic Servants	...	...
	...	...	8. Scrubbers	...	...
	...	...	9. Pensions	...	...





# STATISTICAL TABLES.

## LONDON FEVER HOSPITAL.

Financial Statistics for Year ending 31st December, 1921.  
Compared with those of the previous Year, ending 31st December, 1920.

### I.—IN-PATIENTS.

#### (A) NUMBER OF BEDS AND IN-PATIENTS.

	† Numbers in 1920	Numbers in 1921
(1) Number of Beds available for use ... ..	178	178
(2) Average number of Patients resident daily throughout the year. (As counted and recorded daily). ...	81.03	96.95
(3) Number of In-Patients in the Hospital at beginning of year ... ..	129	131
(4) Number of In-Patients admitted during the year ...	967	957
(5) Number of In-Patients in the Hospital at the end of the year ... ..	131	138
(6) Average number of days each Patient was resident...	30.7	37.25

Ascertained by dividing the yearly total of daily counts by the number of Patients treated to a conclusion. i.e., (3) + (4) — (5).

#### (B) ANNUAL EXPENDITURE ON IN-PATIENTS APART FROM THAT ON OUT-PATIENTS; AVERAGE COST OF EACH IN-PATIENT PER WEEK; AND AVERAGE COST OF EACH IN-PATIENT.

The following figures do not include any charge for Rent, Rates and Taxes.

	† Expenditure on In-Patients in 1920.	Average cost of each In-Patient per week in 1920.	* Expenditure on In-Patients in 1921.	Average cost of each In-Patient per week in 1921.
<b>Maintenance :—</b>	£ s. d.	£ s. d.	£ s. d.	£ s. d.
(7) Provisions ...	6,062 16 1	1 8 7	6,338 5 2	1 5 1
(8) Surgery and Dispensary ...	506 2 5	2 5	715 16 5	2 10
(9) Domestic ...	5,709 9 3	1 6 11	5,979 4 1	1 3 8
(10) Establishment ...	2,469 11 2	11 8	1,002 0 11	3 11
(11) Salaries, Wages, &c.	6,089 11 9	1 8 9	6,984 7 11	1 7 8
(12) Miscellaneous Expenses ... ..	190 13 0	11	183 18 7	8
<b>Administration :—</b>				
(13) Management ...	1,399 2 8	6 7	1,695 16 4	6 8
(14) Finance ... ..	1,973 17 0	9 4	71 14 6	3
Average Total Cost of each In-Patient per week ... ..		5 15 2		4 10 9
Average Total Cost of each In-Patient		25 4 8		24 3 7

Found by dividing the totals of the money columns marked † and \* respectively by the number of In-Patients treated to a conclusion during the year.

# WASHING RETURN.

FOR THE YEAR ENDING 31<sup>st</sup> DECEMBER, 1921.

### A.—WORK DONE.

Average No of pieces washed weekly on Hospital premises ... 3,661

### B.—EXPENDITURE.

						£	s.	d.	£	s.	d.
1.—Wages of Laundry Hands	...	...	...			260	19	7			
2 —Board	„	„	...	...	...	332	8	0			
3.—Wages and Board or proportion of Wages and Board of Workers whose time is wholly or partly given to Laundry, as Engineer, Stokers, &c.—											
Wages	...	...	...	...	...	96	10	0			
Board	...	...	...	...	...		—				
4.—Materials and Sundries—											
Soap, Soda, &c., Brooms, Brushes, Utensils, Overalls, Clogs, Baskets, &c....	...	...	...			182	12	0			
5.—Carriage	...	...	...	...	...		—				
6.—Fuel, Power and Light...	...	...	...			541	0	0			
7.—Water	...	...	...	...	...	18	6	8			
8.—Repairs to Laundry Building	...	...	...				—				
9.—Repairs to Machinery and Plant	...	...	...			89	10	0			
10,—Insurance, Fire and Boiler	...	...	...			3	10	0			
11.—Depreciation—											
Buildings	...	...	...	...	...	14	17	0			
Machinery and Boilers	...	...	...			51	0	0			
12.—Interest on Capital	...	...	...	...	...	107	0	0			
13.—Rent	...	...	...	...	...		—				
14.—Rates	...	...	...	...	...	46	10	0			
Total Cost of Washing done on Hospital Premises...						1,744	3	3			



Telephone No.: NORTH 687.

## PRIVILEGES OF CONTRIBUTORS.

---

**Subscribers of a Guinea** and upwards for more than one year are Governors as long as they maintain their subscriptions. Donors of ten guineas and upwards in one sum are Governors for life. Governors are entitled to send their own domestic servants for free treatment as Ward Patients in the Hospital.

**Firms, Clubs and Hotels** subscribing two guineas annually may send one of their employés for free treatment as Ward Patients each year; four guineas, 2; and five guineas, 3 employés.

**No Letters of Admission are issued.** It will be sufficient for contributors to give their names to ensure the free treatment for which their servants or employés may be entitled.

### **The Accommodation is of two kinds, viz.—**

(1). In the wards at an entrance fee of £3 for 12 days, duration, after which a charge of 5/- per day for every day the patient is in Hospital, entrance fees payable on or before admission.

The diseases usually treated in the wards are :—

- (a) Scarlet Fever.
- (b) Diphtheria.
- (c) Measles and German Measles.

Other Infectious Fevers, or the above with complications, can only be admitted into Private Rooms at the fees as laid down by the Committee.

(2). **PRIVATE AND ISOLATION ROOMS** are available for Infectious Fevers, the fees for which can be ascertained upon application.

**The Method of Admission** is as follows:—If the medical practitioner in attendance on the case will leave at the sufferer's residence a certificate clearly defining the disease the patient is suffering from and the friends then make application to the Secretary at the Hospital either in person, by telegraph, telephone or post, giving at the same time the name of a person who will pay the fee,\* an ambulance will be sent for the patient's removal as quickly as possible. There is a charge for hire of the ambulance, to be paid for in addition to the fee, as well as 5/- extra for a nurse when required.

N.B.—Disregard of these instructions frequently causes delay and annoyance.

---

\*Not required in cases where sufferers are entitled to free treatment.

# The President's Address

TO THE

GOVERNORS

AT THE

ANNUAL GENERAL MEETING

*At The House of Lords on February 8th, 1922.*

---

(*Lord Muir Mackenzie*) It is now my duty according to practice of a long time on these occasions to review the work of the past year and to move the approval of the proceedings of the Committee during the year, and further that a vote of thanks be tendered to them for their services. It is not without really deep emotion that I rise to address you on this occasion, because, of course, there is one certainly outstanding lamentable fact which appeals to everyone here, and one which overshadows the past year and all its history. I need not say to what I refer. It is a strange thing to all of us that Lord Balfour of Burleigh should not be present with us to-day. Who is there amongst us who has ever known a meeting of this kind of the hospital when Lord Balfour of Burleigh was not present. Many of us will remember what Mr. Mead said last year in proposing that Lord Balfour be elected President. I have a copy here, and I think I should like to read it. "Mr. Mead said that if the resolution were passed, as he felt sure it would be, it would be the thirty-third year in succession that the Governors had carried a similar motion. For some years prior to becoming President, Lord Balfour was a Governor of the Hospital, so that they would see what an old friend he had been. Throughout his tenure of office he had exemplified the fact that his duties were of no perfunctory character. On the contrary, he had always taken a keen and intimate interest in the management, and was



always ready with his help and advice. His lordship had expressed a desire to the Committee that he should be allowed to retire, but in view of the present position of hospitals generally, he had consented to serve them at least for another year. It was very satisfactory to feel that in the difficulties and troubles that might beset them they would have the advantage of the long experience of their veteran President."

These words which came, we thought, very happily at the time are really the measure of our loss. Nothing in this world is irreparable, I am glad to think, but certainly his services towards us were inestimable. I had some misgiving last year and even earlier whether we really were quite justified in pressing so much upon him, that he should continue his work as our President. I think that it was known to most of us at that time that he had been strongly advised to give up work and yet he continued with us, and I think we cannot help feeling now some little regret, if not actual admission of blame, that we did press him so strongly, and that we must take our part in the blame, if we did, that he certainly died in harness. And I cannot help having a feeling—I hope that the meeting will not think it fanciful—that it is really like the death of Porthos as told by Dumas where the giant, if you will remember, felt crushed by an insuperable load. Nobody could read that account without tears, and I feel that it is not perhaps too fanciful a picture of the almost tragic death of our late President.

I suppose—once I remember saying it here before—that he was about the most experienced and the best chairman in London, and it was a high privilege to us that we had him as President. A man of sounder sense than Lord Balfour did not exist, and certainly nothing is more helpful in the discussion of complex affairs than to have a tower of strength like him to whom to refer. When this sudden calamity fell upon us what was it for us to do? We felt, I think, that the business must be carried on, and that the chair must not be long left vacant, and we also felt that we must look around for somebody who would be, and continue for a considerable time to be, Chairman of this Institution. And so it is that I come to be standing here to-day, because we thought, those of us who talked it over, that one of us might take it up for a time, and I hope by then we shall give our attention to try to find somebody who we thought would be—I can scarcely say an adequate successor to Lord Balfour—but still a chairman to assist us to carry on our business.



I think it will be a proper thing, and I should like to do it this afternoon, to add to the notice which has been given as to a vote of thanks to the Committee, that we should add some words like these :—"That we specially wish to record our sense of the services of our late President, and of the severe loss which the hospital has sustained by his death."

Now before referring to our finances I think I ought to say something about the so-called Regional Committee to which you thought fit to send me as your representative, where during the year I attended regularly, though I must confess I did not attend vocally. There were a great many speakers there, and I did not indulge in any speeches. I should like to say that I have attended few assemblies where there were so many philanthropic and public spirited men and men with so much knowledge of what they were talking about. On great principles there was very little difference of opinion, as for example, in the general support of the voluntary principle for hospitals, and on your behalf I had no hesitation in giving your hearty approval to that principle. I think—and something has been said by Sir Thomas Barlow on the subject already—there is such a diversity in the operations of the different hospitals, in their conditions, in their resources and in other organic details that it is also impossible to lay down rules which will suit all hospitals. And so it has been that many of the discussions that took place there had not in my opinion very much application to the conditions of this Hospital. Amongst other things to which I refer are the schemes of obtaining grants from the great insurance and provident associations and for getting the working man to contribute. I will not go into all these proposals or the difficulties which beset them. On one practical and immediate point, there was a general agreement there as an experiment for this year, and that was to have one general appeal to the public for money for the hospitals and not to have special appeals. The attitude I took up silently upon the subject—I think as a matter of fact that we were not proposing as far as I knew to make any special appeal this year—and the idea of the Regional Committee was not to interfere in any way with the ordinary appeals that they are making, therefore, it did not very much concern us, and I thought my mute attitude would become me in that, as in other things there.

I should like to say a word about Lord Cave's Committee. I was not one of this Committee nor did I appear before him. I am glad to say that there again they spoke with no doubtful voice

about the results of the voluntary principle and deprecated any Government interference. I confess it is difficult for me to speak with patience of the way in which the Government dealt with Lord Cave's report. Lord Cave recommended that a million should be given to assist the hospitals. The Government cut it down by half and they attached to it a condition which was not suggested, and which I happen to know members of the Cave Committee did not approve, of pound for pound, of saying they would only give one pound where the hospitals produced one pound. I do not think I will say much about that except I do think that it is a little difficult to commend the Government for their proceedings in that matter. I do not think I have any more to say about the Cave Committee, than that. Now I will pass to the financial position of the Hospital. I think that my friend, Colonel Hunter has referred to that already, and I might repeat one or two of his figures which I have got here, but still I think it is better on the whole that I should put the matter in my own way, though it differs in no way from Colonel Hunter's. In the Balance Sheet for the year the figures both for Income and Expenditure are comparatively within a few pounds of balancing. Our Income of £24,275 and our Expenditure of £24,653—this leaves us the small sum of £378 on the debit side of our account—that is our Expenditure is a little more, but I do not think we need trouble or feel any anxiety in our minds upon that fact. Our Income from Subscriptions and Donations has been well maintained and when we think what at present are the conditions that exist in the commercial world, it is very gratifying to find that the contributions from this source are, if anything, slightly more than they have been. Comparing your Income for the past year with that of the previous year the total is £3,186 less than last year, but we have to bear in mind that in 1920 we had an appeal which was made at the Mansion House. I think, it brought about £5,000 and we got out of that about half. In addition we had a substantial amount from the National Relief Fund, also money from King Edward's Fund and also nearly £1,000 from a matter in which I was personally interested—my son-in-law Mr. Mark Hambourg's Concert—in all a total of £7,438. So that actually we can say that our Income apart from special appeals, is at least £4,000 above last year or what may be termed the normal year. That of course is a very remarkable and satisfactory state of things. I wish it stood entirely by itself. It is due principally to the increased revenue received during the past year from patients' payments. It is the first complete year since the scale of charges was revised



in May 1920. Our payments from ward patients, whom we charged five shillings a day, amounted to £7,721. From our patients occupying private rooms we received £5,533 and from Urban District Councils for their patients, which we treated in our wards, we received £2,230, making up the total of £15,484. These figures, what we get from private patients and what we get from Councils, had better be read, marked, and inwardly digested. That £15,484 is an increase over the previous year of £5,066 and is the highest amount the Hospital has ever received. So much for the Income. Now with regard to Expenditure. Our total for the past year of Expenditure amounts to £24,653. That is £1,054 less than the previous year, but this total is still more than we should wish it, or other than I believe it is possible that it might be. There is no doubt that the past year was surrounded with difficulties of all kinds. Our Expenditure is high, but every effort has been made and is being made to realise economy in all our work and transactions, and I should like to say this, that the confidence which we have learned to repose both in the Secretary and the Matron leaves me to speak with certainty upon that point.

I cannot pass over one of our serious set-backs. That has already been referred to by Col. Hunter. During the latter end of last year, when the hospital was full and was working at the utmost pressure to cope with the epidemic of scarlet fever, we unfortunately experienced those cases of cross infection which have been referred to. They really doubled the strain of the doctors, the matron and the whole staff, and were only overcome by skill and devotion for which I claim your grateful acknowledgments. This, of course, caused a serious financial loss, because the private rooms had to be invaded. Steps are now being taken—and we have heard a good deal about them to-day—which I hope will prevent a recurrence of such a state of affairs. I trust we shall be able to report next year that improvements have been made which will eventually enable the hospital to be administered, not only with more economy, but also at the same time with even greater efficiency. We have before us many problems which must engage our close attention. Some of them have been referred to. There is the extension of the Nurses' Home. We have known that we require more room for Nurses for a long time. The necessity for it has of course been emphasised and illustrated by the catastrophe that I have already described.



Then of course in relation to that there is the prospect before us of having to find more isolation accommodation, and then there is the general upkeep of the buildings. Some of them, of course, have not been attended to in recent years. We are already engaged in looking about for the best means of providing money for those things. We are approaching the King's Fund. I had a conversation last night with Lord Somerleyton, who was most helpful and sympathetic, though I did not notice that the strings of his purse were lying very loose at the moment. We have also been taking into consideration—I think it has been referred to already—as to whether we could make some advantageous new dispositions of our property, so as perhaps to be able to carry out this without any very serious loss of income.

I now propose to say a few words about important changes in the staff which have, indeed, been mentioned in the report Colonel Hunter was good enough to read just now. The first is about our loss of Dr. Nicholson. We are, of course, very sorry that it is through reasons of health, and I daresay other reasons, that he felt unable to continue, because he certainly did give us a very acceptable assistance, and in fact acted eighteen months or more I think as the Resident Medical Superintendent. Then Mr. Marriage, who was not long ago elected as Aural Surgeon, unfortunately has taken some other place. Then there is another loss I must not omit to mention, and that is Mr. Keith Young, who, for such a very long time, has given us such able assistance and shown so much interest in the place, has left us. That is the debit side of the account of the staff, and I can now only mention the credit. Colonel Sir William Willcox, as already mentioned, has been appointed assistant physician. He was appointed in October last. Then Mr. Gilbert Chubb is to be Aural Surgeon in place of Mr. Marriage, and I believe that to be a very good appointment. Then, notwithstanding, I shall make him blush as I see him at the other end of the room, we appointed Mr. Davis, Surveyor, for the maintenance of our buildings, and we had an interview with him the other day with reference to prospective buildings, which I think gave everybody the impression we had done very wisely in making the appointment we had made. Lastly, we have the great advantage of having now, as our permanent Residential Medical Officer, Dr. McClean, who has had great experience in infectious diseases. What little we have seen of him already has, I am sure, produced upon all of us a very favourable impression. It has been in a way unfortunate that he

actually came into our affairs when the very difficult state of things arose that has been referred to several times, and I think we have to thank him for the manner in which he has inaugurated his time of service with us, and I hope it will be a long one.

Now, ladies and gentlemen, that is all I have got to say. I hope I have not detained you too long and I now move that we give approval to the proceedings of the Committee during the past year and that a vote of thanks be tendered to them for their services, and that we specially record our sense of the services of our late President and of the severe loss which the hospital has sustained by his death.





# REPORT OF THE COMMITTEE

*for the Year ended December 31st, 1921.*

---

THE Committee present herewith their Report of the work of the Hospital during the year 1921—their One Hundred and Twentieth Report since the original foundation of the Hospital in 1802.

For seventy years after its foundation, the Hospital was the only Fever Hospital in London, and carried on single-handed up to 1871 all the work connected with the isolation and treatment of fever cases in London. In that year, when the Asylums Board Hospitals were established, on a rate-supported basis, to deal with fever cases in London, the London Fever Hospital continued its work, reserving itself for the class of patients other than those or whom the Board Hospitals were established.

The present year marks therefore, the Fiftieth year of the Hospital's work since this change took place; and as the present Report shows, it has been one of the most important in the work of the Hospital during this period.

## *Prevalence of Fever in 1921.*

The past year was marked by a continuance and increased prevalence of scarlet fever and diphtheria in the metropolis, which followed the exceptionally low prevalence in the three years, 1916-1918. It has been fortunately marked by an exceptionally low prevalence of measles and German measles.

These four classes of fever being always admitted into the Hospital, the proportions admitted from year to year reflect generally their relative prevalence, as shown in the following table for the past five years.

*Admissions in the five years, 1917-1921.*

				1921	1920	1919	1918	1917
Scarlet Fever	...	...	...	524	375	291	114	95
Diphtheria	...	...	...	254	182	138	99	114
Morbilli (Measles)	...	...	...	30	265	96	173	195
Rubella (German Measles)	...	...	...	20	38	162	158	825
Enteric	...	...	...	6	9	9	9	6
Other Fevers	...	...	...	72	43	11	90	43
Other Diseases	...	...	...	51	55	120	42	40
				957	967	827	685	1318

The number and character of the cases admitted month by month during the past year is shown in the following table :—

### DISTRIBUTION OF ADMISSIONS THROUGHOUT THE YEAR.

	Scarlet Fever	Diphtheria	Morbilli	Rubella	Enteric and Other Fevers and Diseases	Total	
January ...	36	26	2	3	—	12	79
February ...	33	31	4	—	—	9	77
March ...	31	31	—	—	—	5	67
April ...	30	16	6	6	—	17	75
May ...	40	19	7	4	—	14	84
June ...	33	12	6	1	1	15	68
July ...	31	9	—	1	—	11	52
August ...	15	10	1	2	1	5	34
September	36	23	1	1	2	9	72
October ...	114	34	—	1	2	5	156
November	77	23	2	—	—	11	113
December	48	20	1	1	—	10	80
	<hr/> 524	<hr/> 254	<hr/> 30	<hr/> 20	<hr/> 6	<hr/> 123	<hr/> 957

The admissions averaged about 80 per month, the highest being in October and November, viz., 156 and 113 respectively.

### WORK OF THE YEAR.

At the beginning of the year 1921, 131 cases were in hospital, 957 cases were admitted, so that the total under treatment was 1088; of these 928 were discharged cured, 22 died, 11 of these from cases other than specific fevers, and 138 remained under treatment at the end of the year.

The cases admitted comprised :

1.—**Scarlet Fever**, 524 cases, total under treatment 614, of whom 506 were discharged, 1 died (a death rate of 0·2 per cent.) and 107 remained under treatment at the end of the year.

2.—**Diphtheria**, 254 cases, total under treatment 282, of whom 243 were discharged, 10 died (a death rate of 4·1 per cent.) and 29 remained under treatment at the end of the year.

3.—**Morbilli (Measles)**, 30 admitted, total under treatment 32, of whom 31 were discharged, none died, and one remained in hospital at the end of the year.

4.—**Rubella (German Measles)**, 20 were admitted, total under treatment 22, none died.

5.—**Enteric**, 6 cases admitted, total under treatment 9, of whom 9 were discharged recovered, none died.

6.—**Other Fevers**, 72 cases admitted, total under treatment 76, of whom 69 were discharged, 7 died, viz., 6 from Erysipelas and 1 from Pneumonia.

The total of 76 cases of other fevers under treatment comprised : **Chicken Pox**, 24 cases ; **Mumps**, 29 cases ; **Erysipelas**, 17 cases, of whom 6 died (a mortality of 35·3 per cent.) ; **Whooping Cough**, 2 cases ; **Influenza**, 2 cases ; **Pneumonia**, 1 case (which died), and **Rheumatic Fever**, 2 cases.

7.—**Other Diseases**.—The number admitted was 51 cases ; total under treatment 53, of whom 48 were discharged, 4 died, and one remained in hospital at the end of the year. These other diseases included : **Tonsillitis**, 27 cases ; **Vincent's Angina**, 1 case ; **Erythema** 3 cases ; **Other Complaints**, 17 cases. The 4 fatal cases were cases of **Meningitis**, **Cerebral Thrombosis**, **Nephritis** and **Carcinoma of the Tonsil**, admitted as obscure and severe cases into the private rooms.

## MORTALITY.

The total number of deaths during the year was 22, namely : 1 from Scarlet Fever, 10 from Diphtheria, 6 from Erysipelas, and 5 from above diseases other than Fever.



The death rate from **Scarlet Fever**, viz., 1 in 507 cases (or less than 0·2 per cent.), is the lowest in the history of the hospital, or of any fever hospital. It compares with 1 in 124 cases (or 0·8 per cent.) last year, which was then the record. As shewn in previous reports, the death rate from this disease has fallen from 1 in 7 cases (or 13·3 per cent.) fifty years ago (1870) to its present figure of 1 in 507 cases in the present year. The single case which died was one who had chronic ear disease on admission, and afterwards developed cerebral abscess.

The death rate from **Diphtheria**, viz., 1 in 25 cases (or 4·1 per cent.) compares with 4·9 per cent. last year. As the type of disease prevalent during the year was particularly severe, the death rate was very low—a result entirely due to antitoxin treatment.

Of the other deaths, 6 were out of a total of 17 very severe cases of erysipelas admitted into the private wards in a late stage of the disease, and 5 were from other severe diseases above-mentioned.

The full figures for the various diseases are given in the Statistical Tables prepared by the Resident Medical Officer of the Hospital, Dr. McClean.

## CHIEF FEATURES OF THE YEAR'S WORK

The total admissions (957 cases) have only been exceeded three times in the last fifty years, viz., in 1882 (1,001 cases), in 1917 (1,318 cases) and in 1920 (967 cases).

The chief feature of the year's work was the larger number of admissions of *Scarlet Fever* (524 cases), and especially of *Diphtheria* (254 cases)—a combined total of 778 cases. This is the largest combined total of these two fevers ever admitted into the hospital in any one year.

The total for *Scarlet Fever* is the highest number admitted in the past fifteen years, since 1896, when the number was 637. It has been only exceeded nine times in the past fifty years. The highest number of scarlet fever admitted into the hospital in any one year was 912 in 1870 (with 122 deaths, or 1 in 7); the year before the Board Hospitals were established. It may be noted as of historical interest—indicating the change in the character of

the fevers now prevalent—that in that year, 1870, the fevers admitted into the London Fever Hospital included also 631 cases of typhus, 595 cases of typhoid, and 903 cases of relapsing fever—fevers now extinct—even typhoid being now a rare disease. The total admissions that year were 3,487 cases with 451 deaths.

So far as this hospital is concerned the chief feature of the year 1921 was the record number of admissions of *Diphtheria*, namely, 254 cases, as compared with 182, 138, 99 and 114 in the four preceding years. This increase in the number of admissions both of scarlet fever and of this disease was due mainly to their great prevalence in London during the past year, but also to the circumstance that in order to help to the utmost in dealing with this prevalence, the hospital admitted a large number of cases from certain Rural Council areas adjacent to the Metropolis.

The result was, that during the months of November and December practically all its beds were occupied by scarlet fever and diphtheria cases, to a degree such as had never previously been the case in the history of the hospital. The average daily number of patients in the hospital during November was 175 cases, and many cases had in consequence to be refused admission during December. Owing further to the wide prevalence of diphtheria, the difficulty of excluding “carrier” cases of this disease in cases admitted with scarlet fever became very great. Early in December the occurrence of a certain number of cases of diphtheria in the scarlet fever wards occasioned unusual administrative difficulties, in making the necessary provision in the hospital for the isolation of these cases of mixed infection, and in providing the accommodation required for the increased nursing staffs.

These difficulties necessitated the closing of certain wards for a short period. The need for increased accommodation for the nursing staff is now under the consideration of the Committee. It is a very urgent one, as is also the need for providing further isolation accommodation to meet the requirements of patients admitted into the general wards, who incidentally may be found to be cases of mixed infection.

#### MEDICAL STAFF.

In November Sir William Willcox, K.C.I.E., C.B., M.D., F.R.C.P. was appointed Assistant Physician to the hospital to fill the vacancy created by the retirement of Dr. R. C. Jewesbury, M.D., F.R.C.P.;



and Mr. G. C. Chubb, D.Sc., M.B., B.S. (London), F.R.C.S. (Eng.) was appointed Aural Surgeon, in succession to Mr. Marriage, F.R.C.S.

At the same period Dr. Nicholson, who had given the hospital such signal help during the years of the war, and subsequently, retired; and was succeeded by Dr. John F. McClean as the Resident Medical Officer; and Dr. Webber was appointed the Second Assistant Medical Officer.

### NURSING STAFF.

The work of this department has been very heavy during the past year, owing to the large number and severe character of many of the cases admitted, both into the General Wards and into the Private Wards. This necessitated the engagement of a large extra staff of temporary nurses, for whom, as stated, accommodation had to be found under difficulties, which the Committee have now taken steps to meet in the future by an addition to the present Nurses' Home.

### SICKNESS IN THE STAFF.

Owing to the number and the character of the cases admitted, especially the large number of diphtheria cases, the number of cases of sickness in the Staff has been larger than usual. They have mostly been of mild character, *e.g.*, tonsillitis, but they also included 11 cases of diphtheria and 4 cases of scarlet fever. The problem of how to protect nurses (and others) exposed to diphtheria from contracting this disease—widely prevalent and the most difficult to control of all fevers—is now the chief subject under scientific investigation by the profession, and certain initial measures have been taken to this end during the past year.

### FINANCIAL POSITION.

The financial position still continues to give the Committee great anxiety. As will be seen from the accounts the income for the year has increased above normal years, but has still failed to meet the heavy expenditure which has had to be incurred. In addition the chief cause of anxiety to the Committee is the large overdraft of £4,000 at the Bank to meet the deficits which occurred during the period of the war. Now the Committee are faced with the additional capital expenditure for the extensions mentioned in the Report.



TABLE I.

STATEMENT OF THE NUMBER OF PATIENTS UNDER  
TREATMENT IN 1921.

	Males	Females	Males and Females	Total
I.— <i>Remaining in Hospital on 31st Dec., 1920—</i>				
Scarlet Fever ... ..	35	55	90	
Morbilli... ..	1	1	2	
Rubella ... ..	0	2	2	
Diphtheria ... ..	5	23	28	
Enteric Fever ... ..	1	2	3	
Other Fevers ... ..	1	3	4	
Other Diseases ... ..	0	2	2	
Total ... ..				131
II.— <i>Admissions during 1921—</i>				
Scarlet Fever ... ..	224	300	524	
Morbilli ... ..	10	20	30	
Rubella... ..	6	14	20	
Diphtheria ... ..	102	152	254	
Enteric .. ...	2	4	6	
Other Fevers ... ..	32	40	72	
Other Diseases ... ..	9	42	51	
Total ... ..				957
Total under treatment during the year 1921				1088
III.— <i>Of the above discharged Cured—</i>				
Scarlet Fever ... ..	207	299	506	
Morbilli... ..	11	20	31	
Rubella... ..	6	16	22	
Diphtheria ... ..	93	150	243	
Enteric ... ..	3	6	9	
Other Fevers ... ..	29	40	69	
Other Diseases ... ..	6	42	48	
Total ... ..				928
IV.— <i>Died during the year from</i>				
Scarlet Fever ... ..	0	1	1	
Morbilli... ..	0	0	0	
Rubella... ..	0	0	0	
Diphtheria ... ..	6	4	10	
Enteric ... ..	0	0	0	
Other Fevers ... ..	6	1	7	
Other Diseases... ..	2	2	4	
Total ... ..				22
V.— <i>Remaining in Hospital on 31st Dec., 1921—</i>				
Scarlet Fever ... ..	54	53	107	
Morbilli... ..	0	1	1	
Rubella... ..	0	0	0	
Diphtheria ... ..	11	18	29	
Enteric ... ..	0	0	0	
Other Fevers ... ..	0	0	0	
Other Diseases... ..	0	1	1	
Total ... ..				138
Total under treatment during the year 1921				1088

**TABLE II.**

DISTRIBUTION OF ADMISSIONS THROUGHOUT THE YEAR, 1921.

Months	Scarlet Fever	Morbili	Rubella	Diphtheria	Enteric	Other Fevers Other Diseases	Total	Discharged	Deaths	Admissions Private Patients	Daily Average No. of Patients in Hospital
January ...	36	2	3	26	0	12	79	100	2	20	115
February	33	4	0	31	0	9	77	91	0	24	90
March ...	31	0	0	31	0	5	67	68	2	13	99
April ...	30	6	6	16	0	17	75	88	1	24	88
May ...	40	7	4	19	0	14	84	69	1	24	78
June ...	33	6	1	12	1	15	68	75	5	20	82
July ...	31	0	1	9	0	11	52	74	1	21	66
August ...	15	1	2	10	1	5	34	47	2	11	48
September	36	1	1	23	2	9	72	38	3	10	46
October ...	114	0	1	34	2	5	156	48	1	23	125
November	77	2	0	23	0	11	113	111	3	17	175
December	48	1	1	20	0	10	80	119	1	13	153
Total	524	30	20	254	6	123	957	928	22	220	97.0

Daily Average of 97.0 Patients in Hospital.

**TABLE III.**

## SCARLET FEVER.

(Cases treated to a termination in 1921).

AGE OF PATIENTS	MALES			FEMALES			MALES AND FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	24	...	...	24	...	...	48	...	...
From 5 to 9 years	66	...	...	88	...	...	154	...	...
„ 10 to 14 „	53	...	...	69	1	1.4	122	1	0.8
„ 15 to 19 „	31	...	...	40	...	...	71	...	...
„ 20 to 24 „	11	...	...	28	...	...	39	...	...
„ 25 to 29 „	6	...	...	16	...	...	22	...	...
„ 30 to 34 „	6	...	...	7	...	...	13	...	...
„ 35 to 39 „	3	...	...	14	...	...	17	...	...
„ 40 to 44 „	5	...	...	5	...	...	10	...	...
„ 45 to 49 „	2	...	...	4	...	...	6	...	...
50 years and over...	...	...	...	4	...	...	4	...	...
Total ...	207			299	1	0.3	506	1	0.2

**TABLE IV.**  
COMPLICATIONS OF SCARLET FEVER.

	No. of Cases	Percentage Incidence	Percentage for previous year
Total number of completed cases	507		
<i>Local Complications—</i>			
Secondary Angina ... ..	15	3.0	2.1
Suppurative Angina ... ..	2	.4	.5
Secondary Adenitis ... ..	21	4.1	6.1
Suppurative Adenitis... ..	6	1.2	.8
Rhinitis ... ..	33	6.5	5.2
Otitis ... ..	25	4.9	4.4
Mastoiditis ... ..	5	1.0	2.3
Retropharyngeal Abscess ... ..	1	.2	—
Cerebellar Abcess ... ..	1	.2	—
<i>General Complications—</i>			
Empyema ... ..	1	.2	.3
Rheumatism ... ..	45	8.9	3.2
Nephritis ... ..	12	2.4	.5
Relapse ... ..	8	1.6	.8
Pneumonia ... ..	1	.2	.3
Endocarditis ... ..	5	1.0	1.9
Pyelitis ... ..	—	—	.3
Chorea ... ..	1	.2	.3
Jaundice ... ..	2	.4	—
Thyroiditis ... ..	2	.4	—

**TABLE V.**  
MORBILLI.  
(Cases treated to a termination in 1921.)

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ... ..	...	...	...	2	...	...	2	...	...
From 5 to 9 years	4	...	...	4	...	...	8	...	...
„ 10 to 14 „	1	...	...	3	...	...	4	...	...
„ 15 to 19 „	3	...	...	...	...	...	3	...	...
„ 20 to 24 „	2	...	...	4	...	...	6	...	...
„ 25 to 29 „	3	...	...	2	...	...	5	...	...
„ 30 to 34 „	1	...	...	1	...	...	2	...	...
„ 35 to 39 „	...	...	...	...	...	...	...	...	...
„ 40 to 44 „	...	...	...	...	...	...	...	...	...
„ 45 to 49 „	...	...	...	...	...	...	...	...	...
50 years and over...	...	...	...	1	...	...	1	...	...
Total ... ..	14			17			31		



**TABLE VI.****RUBELLA**

(Cases treated to a termination in 1921).

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	...	...	...	...	...	...	...	...	...
From 5 to 9 years	1	...	...	...	...	...	1	...	...
„ 10 to 14 „	...	...	...	...	...	...	...	...	...
„ 15 to 19 „	...	...	...	...	...	...	...	...	...
„ 20 to 24 „	4	...	...	4	...	...	8	...	...
„ 25 to 29 „	...	...	...	8	...	...	8	...	...
„ 30 to 34 „	...	...	...	1	...	...	1	...	...
„ 35 to 39 „	...	...	...	1	...	...	1	...	...
„ 40 to 44 „	...	...	...	...	...	...	...	...	...
„ 45 to 49 „	1	...	...	1	...	...	2	...	...
50 years and over...	...	...	...	1	...	...	1	...	...
Total ... ..	6			16			22		

**TABLE VII.****DIPHTHERIA.**

(Cases treated to a termination in 1921).

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	22	1	4.6	10	1	10.0	32	2	6.3
From 5 to 9 years	29	4	13.8	30	2	6.7	59	6	10.2
„ 10 to 14 „	19	1	5.3	21	...	...	40	1	2.5
„ 15 to 19 „	9	...	...	15	...	...	24	...	...
„ 20 to 24 „	3	...	...	24	...	...	27	...	...
„ 25 to 29 „	3	...	...	27	...	...	30	...	...
„ 30 to 34 „	5	...	...	6	...	...	11	...	...
„ 35 to 39 „	1	...	...	5	...	...	6	...	...
„ 40 to 44 „	...	...	...	3	...	...	3	...	...
„ 45 to 49 „	...	...	...	2	...	...	2	...	...
50 years and over...	2	...	...	7	1	14.3	9	1	11.1
Total ... ..	93	6	6.5	150	4	2.7	243	10	4.1

**TABLE VIII.****ENTERIC FEVER.**

(Cases treated to a termination in 1921).

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	...	...	...	...	...	...	...	...	...
From 5 to 9 years	...	...	...	...	...	...	...	...	...
„ 10 to 14 „	...	...	...	...	...	...	...	...	...
„ 15 to 19 „	...	...	...	...	...	...	...	...	...
„ 20 to 24 „	...	...	...	1	...	...	1	...	...
„ 25 to 29 „	1	...	...	1	...	...	2	...	...
„ 30 to 34 „	1	...	...	2	...	...	3	...	...
„ 35 to 39 „	...	...	...	...	...	...	...	...	...
„ 40 to 44 „	1	...	...	...	...	...	1	...	...
„ 45 to 49 „	...	...	...	1	...	...	1	...	...
50 years and over...	...	...	...	1	...	...	1	...	...
Total ...	3			6			9		

**TABLE IX.****OTHER FEVERS.**

	Total	Deaths
Varicella ...	24	...
Parotitis ...	28	...
Erysipelas ...	17	6
Pertussis ...	2	...
Influenza ...	2	1
Pneumonia...	1	...
Rheumatic Fever...	2	...
	—	—
Total	76	7
	—	—

**TABLE X.****OTHER DISEASES.**

	Total	Deaths
Tonsillitis ...	27	...
Vincent's Angina ...	1	...
Erythema ...	3	...
Meningitis ...	1	1
Cerebral Thrombosis	1	1
Suppurative Arthritis	1	1
Carcinoma of Tonsil	1	1
Other Complaints...	17	...
	—	—
	52	4
	—	—

# LONDON FEVER HOSPITAL.

*Liverpool Road, Islington.*

---

## LAWS AND REGULATIONS.

---

### **Reception of Patients.**

1.—The Hospital is intended for the reception of persons suffering from infectious fever other than small-pox, and more especially for such of those persons as may require isolation, in order to prevent the further spread or propagation of the disease from them to others.

2.—Any person (not being a parochial pauper) labouring under such disease, shall, subject to the next rule, be considered a proper person for admission into the Hospital.

3.—The Committee may from time to time make regulations for the admission of such persons as patients on payment of such sums as may be from time to time determined, provided always that—

(a) Domestic servants of governors shall be admitted gratuitously.

(b) The Committee may, if they think fit, at any time reduce or wholly remit the fees in the case of individual patients.

4.—Applications for admission should be accompanied by a medical certificate stating the nature of the disease. The medical officers may, in the exercise of their discretion, refuse admission to any case which they deem unfit; but every refusal to admit a patient shall be reported at the next meeting of the Committee, together with the reason for the refusal.

### **Governors.**

5.—All subscribers of not less than one guinea per annum, who have subscribed for more than one year, and all donors of not less than ten guineas in one donation, shall be governors of the Hospital. This rule shall not be retrospective.

### **General Meeting and Election of Committee.**

6.—A general meeting of the governors, of which ten days' previous notice must be given in three morning newspapers, shall be held every year, on the second Friday in February, or as near thereto as may be convenient, for the purpose of approving or rescinding the proceedings of the Committee for the preceding year; for receiving the annual report of the state of the funds; and for electing a president, vice-presidents, treasurer, honorary secretary, and other members of the Committee for the ensuing year.



7.—The Committee for the management of the Hospital shall consist of the president, the vice-presidents, the trustees, the treasurer, honorary secretary, and not less than fifteen nor more than twenty-five other governors.

8.—A special general meeting of the governors may at any time be called by direction of the president or of the Committee; or on the requisition of any twelve governors, provided the requisition be made in writing to the secretary and the purpose for which the same is summoned be published in three morning newspapers at least ten days prior to the meeting; but the proceedings of such special general meeting, though acted upon *pro tempore*, shall not be deemed final until confirmed by another general meeting.

9.—No new rule or law shall be made, nor shall any existing rule or law be repealed or altered, until determined upon at a general meeting by a majority of governors present and voting, and until confirmed at a subsequent general or special meeting.

10.—The presence of seven governors shall be necessary to constitute a quorum at general meetings, and without that number no business shall be transacted.

### **The Committee.**

11.—The Committee shall manage the Hospital. They shall meet on the second Friday, or on such other day of every month as they may appoint; and three members shall be necessary to constitute a meeting and to transact business. A special meeting of the Committee may be called by the direction of the honorary secretary, or by any three members of the Committee, on giving at least three days' notice of the same to the members of the Committee, and specifying the business for which it is called.

12.—The Committee shall have authority to appoint sub-committees, whose reports shall be submitted to their consideration; and with the assistance of the medical officers shall, from time to time as may be expedient, form regulations and by-laws for the internal management of the Hospital.

13.—The resolutions of one meeting of the Committee shall not be rescinded by another, unless it be specially summoned for that purpose.

14.—The Committee shall yearly publish a report of the state of the Hospital.

15.—All accounts, except such sums as may be comprised under the item of petty cash, shall be submitted to the Committee at the monthly meetings, after having been duly examined by the secretary, the resident medical officer, the house directors, and certified by the auditor; and such accounts, if approved, shall be paid by cheques, payable to order, signed by two members of the Committee, on production of the house directors' minutes relating to them, and countersigned by the secretary.

16.—No member of the Committee shall furnish, otherwise than gratuitously, any goods, provisions, or other articles, for the use of, or on account of, the Hospital, or be concerned in any contract, directly or indirectly, for supplying the same, or be employed for hire, fees, wages, or profit in any office or employment in connection with the Hospital.

### **Conduct of Meetings.**

17.—At all meetings a simple majority of the members present and voting shall bind the minority; and in case of equality of votes, the chairman shall have an additional or casting vote.

### **Treasurer.**

18.—The treasurer, if present, shall take the chair at all meetings of the Committee, in the absence of the president or vice-presidents. He shall keep an account at the bankers, and all moneys received for the use of the Hospital shall be paid to such account; he shall honour cheques signed, as provided in rule 15.

### **Honorary Secretary.**

19.—In the absence of the Committee, the honorary secretary shall represent the Hospital with the public and with public bodies, reporting his action to the Committee.

### **Audit.**

20.—All accounts of the Hospital shall be audited by a professional auditor. The auditor shall certify the accounts, and it shall be his duty to report to the Committee anything in the books or accounts which in his opinion appear to call for comment.

21.—At the meeting of the Committee in November, three gentlemen, one at least of whom shall not be a member of the Committee, shall be appointed to examine the accounts of the Hospital for the current year, and approve an abstract of all receipts and disbursements to be prepared by the secretary, and laid before the annual general meeting in February.

### **House Directors.**

22.—The house directors shall consist of the trustees, treasurer, the two physicians, and the architect, who shall be *ex-officio* house directors, and of three elected house directors chosen as follows:—The Committee at their meeting in February shall appoint a member of their own body to be chairman of house directors, who shall retain office for a term of three months. They shall in like manner appoint a chairman of house directors at their meetings in May, August and November. The same person shall not, unless by special resolution of the Committee, be elected for two terms in succession.



The Committee at each monthly meeting shall appoint two members of their body to be house directors for the ensuing month, one of whom, if possible, shall not have served during the previous month. If the same house directors are re-appointed, they shall only be so appointed by special resolution.

23.—They shall from time to time cause the beds, clothes, and apparel belonging to the Hospital to be examined, and shall report thereon, if necessary, to the Committee. They shall inspect the tradesmen's bills, and take care that the provisions, bedding, clothing, furniture, and every article for the use of the Hospital be supplied on the most reasonable terms; they shall order in writing all permanent stores, and shall advise the Committee as to all larger requirements and structural alterations.

24.—All articles required in large quantities shall, when practicable, be supplied by contract after public tender, and all considerable contracts for work or repairs be made after public tender or invitation to not less than three respectable firms, but the house directors shall not be obliged to except the lowest or any tender.

25.—They shall be authorised in all respects to enforce the observance of the regulations of the Hospital; they shall notice and report to the Committee any irregularity or misconduct on the part of the officers, servants, or patients of the charity, and shall, at every meeting of the Committee, cause a statement of the house expenditure to be produced for the preceding month. They shall appoint and dismiss, or approve the appointment or dismissal, of all nurses, porters, and other servants, male or female.

26.—The chairman of the house directors shall, during the intervals between their meetings, be authorised to exercise the functions of the house directors in any matter of urgency, reporting, at their next meeting, what he may have done under this authority.

### **Physicians.**

27.—There shall be two physicians and one or more assistant physicians, who shall be Fellows or Members of the Royal College of Physicians of London; and also a surgeon, who shall be a Fellow of the Royal College of Surgeons.

28.—One of the physicians shall visit the Hospital at least once every day. The physicians shall have the power of dismissing any patient for refractory conduct or disobedience of orders. The physicians, assistant physicians, and surgeon shall be entitled to attend all Committee meetings.

28A.—No physician shall hold the appointment of physician for more than twenty years, nor after he shall have attained the age of sixty-five years.



### **Assistant Physicians.**

29.—In case of the illness or necessary absence of either of the physicians, one of the assistant physicians shall attend regularly in his stead. Such attendances shall be reported to the Committee. If the number of patients exceed 150 an assistant physician shall come on active duty.

30.—The surgeon shall undertake the surgical charge of such patients as the physicians may deem necessary, and in case of emergency shall attend when summoned by the resident medical officer. Such attendances shall be reported to the Committee. If unable to attend, the surgeon shall substitute a duly qualified deputy.

### **Hospital Pupils.**

31.—No medical student shall be permitted to visit the Hospital unless in company with one of the physicians, or unless regularly entered or registered as a pupil by the physicians.

### **Architect.**

32.—There shall be an Architect to the Hospital. He shall advise on all questions concerning the Hospital sites and buildings, and shall supervise the structural maintenance of the Hospital, prepare all plans, and superintend all works connected therewith.

33.—The status shall be similar to that of the physicians to the Hospital.

### **Resident Medical Officer.**

34.—The resident medical officer shall reside constantly at the Hospital, and shall devote himself entirely to the duties of his office, as defined by these laws and by the by-laws. Candidates for the post shall be required to produce satisfactory testimonials to the Committee.

35.—He shall superintend the wards and Hospital generally, between the visits of the physicians, and the dispensary shall be exclusively under his control. In the absence of the Committee and house directors, he shall be recognised as the head of the establishment.

36.—He should keep accurate registers of the patients and of their cases, which registers shall be the property of the Hospital; he shall produce a special report every month, to be laid before the Committee.

37.—When the number of patients shall be sufficiently great, or other circumstances render such a step necessary, the Committee shall have power to appoint one or two assistants to the resident medical officer, and he or they shall receive such remuneration as the Committee shall from time to time determine.

### **Secretary, House Steward, and Collector.**

38.—There shall be a secretary and a house steward. These offices shall be filled by the same or by different persons as the Committee shall from time to time think fit.

39.—The duties of the secretary shall be to have the conduct of the correspondence of the Hospital, the keeping of the accounts, and to perform all duties appointed by the by-laws.

40.—The house steward shall have the management of the domestic affairs of the Hospital, under the general superintendence of the resident medical officer, and shall perform the duties appointed by the by-laws.

41.—The duties of the collector shall be—  
To call on subscribers and collect all donations and subscriptions of the Hospital; to give only authorised printed receipts for the same; to attend all meetings when required; to keep correct lists and duplicate lists of all donations and subscriptions, with the residences of the donors and subscribers, made up from day to day; to pay weekly all moneys he may receive to the bankers; to deliver weekly to the secretary reports in writing of all moneys received and paid, with the balance at the bankers; to keep the accounts regularly entered in the collector's cash book; to deliver a copy of the annual report to each subscriber; and to perform all the duties appointed by the by-laws.

42.—The secretary, house steward, and collector shall be required to enter into bonds with sufficient sureties for the due and faithful performance of their duties in such sums as the Committee may determine.

### **Matron.**

43.—The matron shall have the direction of the nurses and female servants in the Hospital, subject to the superintendence of the house directors and the resident medical officer, and shall be responsible for the care and order of the wards. She shall have charge of the housekeeping arrangements, and shall perform all duties appointed by the by-laws.

### **Election of Officers.**

44.—The physicians, surgeon, assistant physicians, architect, resident medical officers, matron, auditor and secretary shall be elected by a Committee comprised of the Committee for the management of the Hospital, the honorary medical officers, and the architect.

### **Salaries.**

45.—No variation in the fixed salaries of officials shall be made unless the Committee be summoned for that purpose, and unless the proposed addition or diminution be confirmed by a subsequent Committee.

### Trustees.

46.—The legal estate in the lands, buildings, and premises of the Hospital shall be vested in not less than three trustees, new trustees being appointed at a general meeting of the governors when vacancies occur.

47. All legacies of £100 and upwards, unless otherwise directed by the testators, shall be invested for the benefit of the Hospital, in the names of three trustees, to be called trustees of the fund.

### Religious Ministrations.

48.—Ministers of religion of all denominations shall have free and equal access to the Hospital, but no minister of any denomination shall receive any payment out of the funds of the Hospital in respect of his ministrations.

49.—It shall be a standing instruction to the Committee and officers of the Hospital that any minister of religion desirous of visiting or ministering to patients of his own denomination shall be received with all courtesy, and shall be afforded all facilities consistent with the wishes and welfare of the patients and the convenient conduct of the Hospital.

### By-Laws.

50.—The by-laws which shall from time to time be made by the Committee shall be open to the inspection of any governor, and shall contain, among other things, a full specification of the duties of the resident medical officer, the matron, and other officers and servants of the Hospital, together with the terms of their employment. This specification of his or her own duties shall be read to and assented to in writing by, every person before his or her appointment, and referred to on all occasions of doubt.

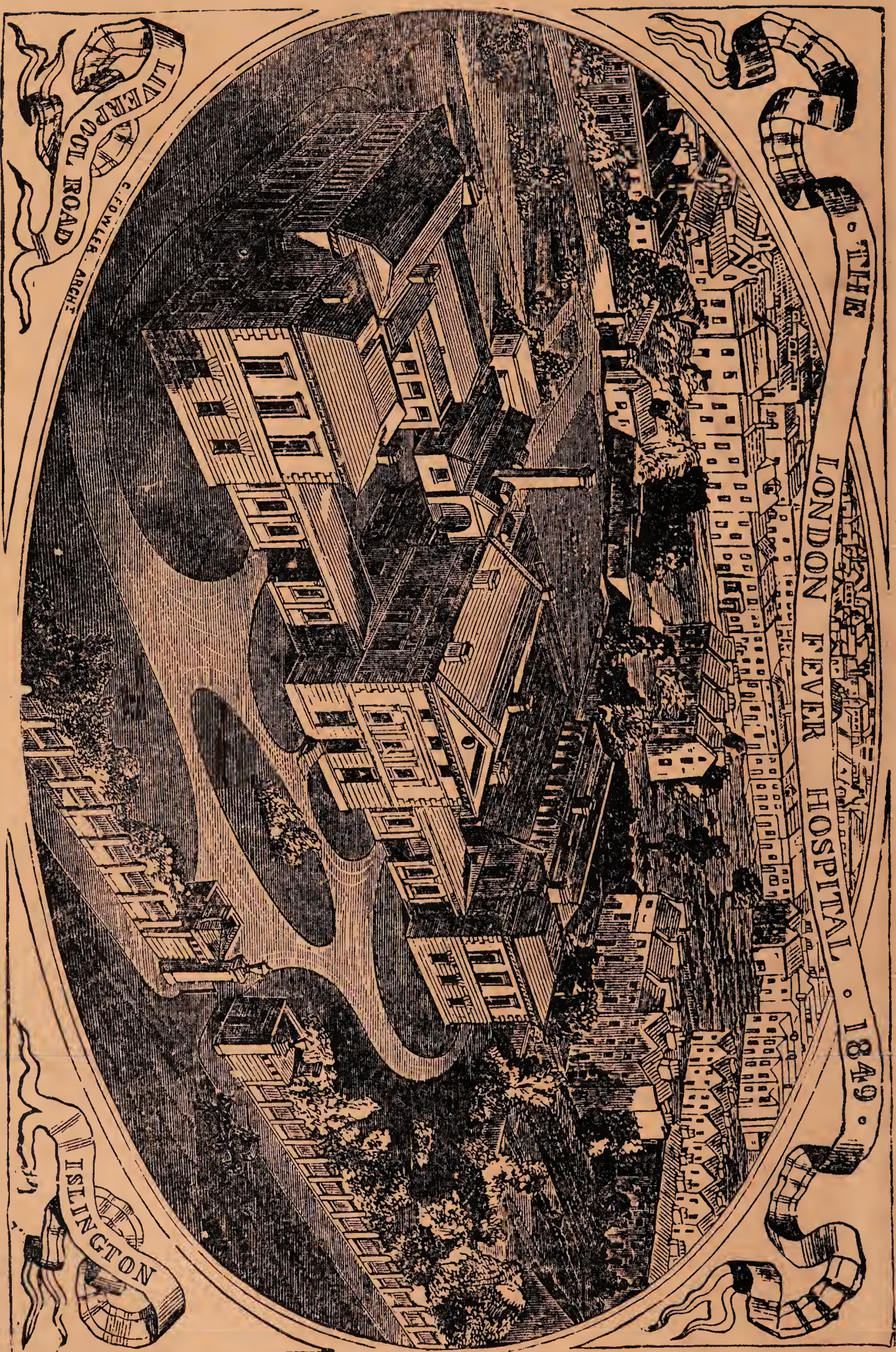
*At a Meeting of the Committee held at Freemasons' Tavern, on October 13th, 1882, it was resolved:—*

1. That no election to the office of physician, assistant physician, resident medical officer, assistant resident medical officer, secretary, auditor, or matron be proceeded with until the vacancy has been advertised in three daily London papers and in two medical journals. The first advertisement to be inserted not less than eight days before the election.









THE  
LONDON FEVER HOSPITAL. 1849.

LIVERPOOL ROAD

C. FOWLER ARCHT

ISLINGTON